

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1260745

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:							
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SEC USE ONLY								
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	PROCESSED
Series D Preferred Stock, par value \$0.0001 per share  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: Mew Filing Amendment	☐ ULOE JUN 1 5 2007
A. BASIC IDENTIFICATION DATA	
I. Enter the information requested about the issuer	FINANCIAL
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Lamina Ceramics, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
120 Hancock Lane, Westhampton, NJ 08060	609.265.1401
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Liamina develops and manufactures super-bright LED light engines.	
Type of Business Organization  corporation   limited partnership, already formed   other (	please specify): 07067159
Actual or Estimated Date of Incorporation or Organization: O   O   O   O   O   O   O   O   O   O	
1	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offerin and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only rep thereto, the information requested in Part C, and any material changes from the information previously sup not be filed with the SEC.	ort the name of the issuer and offering, any changes blied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unfilling of a federal notice.	exemption. Conversely, failure to file the ess such exemption is predictated on the

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	he issuer	, if the issu	ier ha	s been organized wi						e to the second second second
	icer and	director of	corp	orate issuers and of		e vote or disposition rate general and man				s of equity securities of the issueship issuers; and
neck Box(es) that Apply:		omoter		Beneficial Owner	Ø	Executive Officer	Z	Director		General and/or Managing Partner
II Name (Last name first, i ninneman, Frank	f individ	ual)								
siness or Residence Addre 20 Hancock Lane, Wes	•			, City, State, Zip Co	de)					
eck Box(es) that Apply:	☐ Pr	omoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
II Name (Last name first, i urdalski, Robert	f individ	ual)								
siness or Residence Addre	•			, City, State, Zip Co	de)					
neck Box(es) that Apply:		romoter		Beneficial Owner	Ø	Executive Officer	ļ	Director		General and/or Managing Partner
III Name (Last name first, i lazzochette, Joe	f individ	ual)				<del> </del>	:			
usiness or Residence Addre	•			, City, State, Zip Co	ode)					
neck Box(es) that Apply:	P	romoter		Beneficial Owner	Ø	Executive Officer	Ò	Director		General and/or Managing Partner
ill Name (Last name first, i plito, Dan	if individ	lual)					:			
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ill Name (Last name first, Slonder, Greg	if individ	ival)								
usiness or Residence Addre 20 Hancock Lane, Wes				, City, State, Zip Co	ode)		1			
heck Box(es) that Apply:	P	romoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
III Name (Last name first, larris, Richard	if individ	ival)	·				·			
usiness or Residence Addre 20 Hancock Lane, Wes				t, City, State, Zip Co	ode)		. !			
heck Box(es) that Apply:	☐ P	romoter		Beneficial Owner		Executive Officer	[2]	Director		General and/or Managing Partner
ıll Name (Last name first, Ig, Yi-Pin	if individ	iuai)								
usiness or Residence Addre 20 Hancock Lane, Wes	•			t, City, State, Zip Co	ode)					
		(Use bla	nk sh	eet, or copy and use	addit	ional copies of this	sheet,	as necessar	y)	

			A BASIC IDE	NTIF	ICATION DATA				
2. Enter the information requ	ested for the foll						· · · · · · · · · · · · · · · · · · ·		
Each promoter of the	issuer, if the issu	uer has	been organized wi	thin t	he past five years;				
Each beneficial owner	r having the powe	r to vo	te or dispose, or dire	et the	vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
Each executive office	r and director of	corpo	rate issuers and of c	огрог	ate general and man	aging	partners of	partne	rship issuers; and
<ul> <li>Each general and mar</li> </ul>	naging partner of	partne	ership issuers.			1			
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\overline{}$	Executive Officer	Ø	Director	[]	General and/or
Check Box(es) that Apply.	Floinoter	ш,	Bellettelat Owner		Excellive Officer		D1100101		Managing Partner
Full Name (Last name first, if it	ndividual)		· · · · · · · · · · · · · · · · · · ·			<del></del>			
Pavey, Robert	iidividuai)					†			
Business or Residence Address	(Number and S	trect	City. State. Zip Cos	deì		<del></del>	···		
1/20 Hancock Lane, Westha	•	-	O., O. C.O.	,					
Check Box(es) that Apply:	Promoter	$\overline{\Box}$	Beneficial Owner	П	Executive Officer	<b>V</b> 1	Director	$\overline{\Box}$	General and/or
Circuit Dan(ea) min (pp.)		<u> </u>		ш		(L.)		_	Managing Partner
Full Name (Last name first, if it	ndividual)		····						
Hughes, Charles	,								
Business or Residence Address	(Number and S	treet,	City, State, Zip Co	de)		- 1			
120 Hancock Lane, Westha	•								
Check Box(es) that Apply:	Promoter	7	Beneficial Owner	П	Executive Officer		Director		General and/or
, , ,	<del>'</del>	_		_				_	Managing Partner
Full Name (Last name first, if i	ndividual)								
Sarnoff Corporation									
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)					
201 Washington Road, Prin	ceton, NJ 085	43-53	00						
Check Box(es) that Apply:	Promoter	Z	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					1			
Morgenthaler Partners VI, L	P.					1			
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)					
1:20 Woodland Partners, S	ummitt, NJ 079	901				1			
Check Box(es) that Apply:	Promoter	Z	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i Cisco Systems, Inc.	ndividual)					<del></del>			
Business or Residence Address	(Number and	Street,	City, State, Zip Co	de)			· .		
170 West Tasman Drive, S	an Jose, CA 9	5134				1			
Check Box(es) that Apply:	Promoter	<b>7</b>	Beneficial Owner		Executive Officer	¢	Director		General and/or Managing Partner
Full Name (Last name first, if it Richard King Mellon Found	•	iliates	)						
Business or Residence Address				ide)					······································
One Mellon Center, 500 G	-		-		5219-2502				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					-			
Kemet Electronics Corpora						:			
Business or Residence Address		Street	, City, State, Zip Co	ode)					
P.O. Box 5928, Greenville,	SC 29606								

		A BASIC ID	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	lowing:			
Each promoter of the second control of	he issuer, if the iss	uer has been organized v	vithin the past five years;	•	
Each beneficial own	ner having the pow	er to vote or dispose, or di	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
Each executive offi	icer and director of	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
Each general and n	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i RedShift Ventures III, L.P	•				
Business or Residence Addre Cine Fountain Square, 11		Street, City, State, Zip C Prive, Ste. 500, Restor		1	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Granite Global Ventures		ia <b>tes)</b>		···	
Business or Residence Addre 2494 Sand Hill Road, Ste.	•		Code)	!	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i CID Equity Capital VIII, L					
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
One American Square, St	te. 2850, Indiana	apolis, IN 46282			
Clieck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			1	
Easton Capital Partners, I	L.P. (and affiliate	es)			
Business or Residence Addre 767 Third Avenue, 7th F	· ·	-	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Fuil Name (Last name first,	f individual)			1	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)	,	
	(Use bla	ink sheet, or copy and us	e additional copies of this	sheet, as necessary	)

A STANCES				B. I	FORMATI	ÔN ABOU	i offeri	ig Nuss				Arren in a
1. Has the	e issuer sold	, or does th			l, to non-ac						Yes	No <b>E</b>
2. What is the minimum investment that will be accepted from any individual?											\$ <u>13,498.05</u>	
4. Enter to commit If a per or state	he offering the information or sim son to be list the near or dealer,	ion request ilar remune ted is an ass ime of the b	ed for each ration for se ociated per roker or de	n person wollicitation rson or age aler. If mo	ho has bee of purchase nt of a brok are than five	n or will b ers in conne er or dealer e (5) person	e paid or getion with a registered is to be liste	iven, direct sales of sec with the S ed are assoc	ctly or indi urities in th EC and/or	rectly, any ne offering. with a state	Yes	<b>K</b> <b>N</b> 0
Full Name	·											
Business or	Residence	Address (N	umber and	Street, Ci	tv. State, Z	ip Code)	<del></del>	<del></del>				
Name of A	ssociated Br	oker or De	aler									
States in W								· · · · · · · · · · · · · · · · · · ·				
(Check	"All States	" or check	individual	States)			***************************************	······			☐ All	States
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Full Name	(Last name	first, if indi	ividual)	-								
Business o	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)				•		
Name of A	ssociated Bi	oker or De	aler			<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	· <del></del>		<u></u>	
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		<del></del> -				
(Checl	c "All State:	s" or check	individual	States)	***************************************	***************************************				••••••	☐ All	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)					<del></del> -			_	
Business of	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		<u>;</u>	· · · · · · · · · · · · · · · · · · ·		···	
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	k "All State								.,		☐ Al	l States
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## C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt ......\$\_ Equity \_\_\_\_\_\_\_\_ \$ 6,999,999.78 6.999.999.78 Common Preferred Convertible Securities (including warrants) Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors s 6,999,999.78 Accredited Investors ......9 Non-accredited Investors ..... Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Dollar Amount Type of Security Sold Type of Offering Rule 505 ..... Regulation A Rule 504 ...... s 0.00 Total .....\_\_\_\_\_ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees .....

	and total expenses furnished in response to Part C — proceeds to the issuer."	***************************************		\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
		•	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] \$	s
	Purchase of real estate		] \$	<u></u>
	Purchase, rental or leasing and installation of mac	hinery	] \$	s
	Construction or leasing of plant buildings and fac-	ilities	]\$	<b>S</b>
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	]\$	
	Repayment of indebtedness		] <b>\$</b> _	s
	Working capital		] \$	<b>Z</b> \$_6,949,999.78
	Other (specify):		] \$	
			] \$	. 🗆 \$
	Column Totals	! 	§ 0.00	<b>/</b> \$ 6,949,999.78
	Total Payments Listed (column totals added)			949,999.78
<i>-</i>		D FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice mish to the U.S. Securities and Exchange Commiss	is filed under Ru tion, upon writte	ile 505, the following
L Is:	uer (Print or Type)	Signature	atc	
		1 Al Shani I	May 18, 2007	
	amina Ceramics, Inc.	1 2 2000	,,	
Li	mina Ceramics, Inc. me of Signer (Print or Type)	Title of Signer (Print or Type)		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)